



(Changes are in **bold, underlined and italicized text** in order to enable vendors to quickly recognize changes in paragraphs and/or wording).

ADDENDUM #6

RFP-2021-DBH-12-RESID

Residential Treatment Services for Children's Behavioral Health

On December 11, 2021, the New Hampshire Department of Health and Human Services published a Request for Proposals, soliciting proposals to establish a Residential Treatment Services system of vendors that will provide high-quality behavioral health treatments services in Residential Treatment Settings. The Residential Treatment settings will accommodate referrals from all over State with the goal of quickly stabilizing behaviors and treating symptoms of children and youth with behavioral health needs to enable them to return to a lower level of treatment or family-based settings.

The Department is publishing this addendum to:

1. Note the following: The Department kindly asks that Vendors who are interested in this Request for Proposals and who anticipate submitting proposals please continue using the email residcbh.rfp@dhhs.nh.gov as outlined in Section 6.1 Contact Information – Sole Point of Contact. This email was developed specifically for this Request for Proposals to streamline communications between the Department and Vendors. Additionally, the State has modified personnel emails, therefore my email now reads: catherine.a.cormier@dhhs.nh.gov
2. Add 4th paragraph to Section 2.1.2 Beds needs for the target population to read:

The Department will allow Vendors to share beds across programs and levels of care, which are co-located in the same physical space. Vendors must clearly explain how the programming and staffing will operate.

3. Modify Section 2.2.3.3 Admissions and Discharges to read:

2.2.3.3 Admissions and Discharges

A key goal of this RFP is to build greater in-state capacity to meet the needs of NH children and youth. As such, DHHS expects providers will accept referrals made where they have available beds at a child or youth's specified level of care, striving for a system that can support a new policy for denials and discharges. DHHS also recognizes that there may be circumstances where clinical needs and safety considerations make it less appropriate for a provider to accept a referral.

The Department envisions a system where residential treatment programs receive and accept referrals based on an appropriate level of care and recommendations determined by the comprehensive assessment of treatment (CAT). If a youth is referred based on a CAT level of care the youth should be accepted in a timely manner. ***The Department requires the Vendor to rapidly make acceptance decisions within seven (7) calendar days from receiving completed referrals and make accommodations to admit the youth into the program.***



The Department will work with the Vendor to arrange for emergency treatment episodes. If after the emergency placement, treatment admission is made and if, it is determined that the child's level of care is different from the program's level of care, then the Vendor will work with the team to support a transition to a more appropriate level of care match.

With the development of the new Children's System of Care, expansion and implementation of programs, the goal is to ensure that children and youth who require residential treatment are referred to and accepted into the programs that are offering the level of care, recommended through a CAT assessment, and that are in close proximity to their home and community, with little to no denials. Denials of admission to a program should be limited to the following circumstances:

- No openings at the time of the referral
- Age of the referred child is greatly different than the current milieu
- There are staffing concerns at the program that would require a hold on new admissions. **Staffing concerns vary depending on the circumstance and type of program.**
- Specialty Care needs are revealed during their course of treatment,
- Referrals are made to specialty care programming when Specialty Care services were not a match
- The youth's needs fall well outside the program model.

DHHS reserves the right to review and approve or deny denials based upon these criteria should a denial not be in line with the intent of the denial criteria above. DHHS will monitor the denials of referrals as part of continuous quality assurance and program outcomes.

Additionally, we envision once a provider accepts a referral they deliver the treatment and provide services until the child's level of need is reduced and their treatment goals have been met and can be successfully transitioned through the support of the CME. Unplanned discharges should be very limited and only based upon the following:

- New information has indicated that the child requires specialty care that the current program does not offer (see specialty care section)
- The child has increased aggression that has resulted in excessive property damage or physical harm to staff and self and is not improving over time, indicating a higher level of care is needed. (Levels 2, 3 and sometimes 4)
- The child's level of mental health symptoms have exceeded the level of care being provided at the program and an appropriate transition plan has been determined.

In the event of a very temporary psychiatric hospitalization or some other event that would require the child to be away from the program for no more than 7 calendar days, this will not be considered a program ejection or discharge. The Department will reimburse the Vendor for the bed hold days at the regular per diem rate for up to 7 calendar days. The Vendor will accept that child back into the program within 7 calendar days to resume their course of treatment. The Vendor may hold the bed longer than 7 calendar days, however the Department will not pay for those bed hold days. After 7 bed hold days, the vendor may discharge the child from the program.



DHHS is also seeking to streamline admissions process by developing a **standardized referral form** to be used across the system for every program. **The Department will work collaboratively with the Vendors create and implement the referral form.**

4. Modify Section 2.2.3.15 Aftercare to read:

2.2.3.15 Aftercare

Families First requires that programs which qualify as qualified residential treatment programs provide 6 months of aftercare. In conjunction with the CME transition support and oversight aftercare referrals are made to the CME with the consent of the family to provide the in person services and care coordination. The continuity of care of the CME would allow for intensive community services to continue post residential treatment and therefore reduce recidivism and reentry into residential.

Residential Treatment Vendors must provide at a minimum the following activities of aftercare: consultation, virtual attendance meetings, phone calls, etc). See the "Collaboration" depicted in the visual in Section 2.2.3.2 Coordination with the Care Management Entity (CME) and the Comprehensive Assessment for Treatment (CAT) Provider.

Aftercare cases should be taken into consideration when determining the clinical staffing (i.e. clinician's, family workers, family therapists etc.) and should be included in the budget as part of the per diem. The ratio of case to clinical staff would be less than one full case and can be determined by the program.

5. Modify Section 3.2 Evaluation scoring to read:

3.2 Evaluation scoring

Each proposal for each Level of Care will be scored separately. The Department will use a scoring scale of 100 total points, with a maximum of 80 points awarded based on the Technical Proposal and a maximum of 20 points awarded based on the Cost Proposal. Points are divided into categories set forth below.

Technical Proposal

Program design	40 Points
Agency organizational capacity	25 Points
Quality improvement	15 Points
Total Technical Proposal Points Available:	80 Points

Cost Proposal

<u>Appendix E – Budget Template for Start up Costs and</u>	
<u>Appendix F Rate Setting Form</u>	20 Points
Total Cost Proposal Points Available:	20 Points

Maximum Possible Score: 100 Points



6. Modify Section 3.3.1 Technical proposal scoring criteria to read:

3.3.1 Technical proposal scoring criteria

Program design (40 points possible):
<ul style="list-style-type: none"> • The proposer agency understands the outcome goals of this Residential Transformation and proposes a program(s) that is likely to achieve those goals, well-supported by evidence (incl. trauma-informed treatment model and EBPs), and aligned with DHHS' desires as expressed in this solicitation • The proposer agency has experience with and a clear understanding of the target population (or a similar population), their needs, and how to meet them (incl. the expanded population of youth who would otherwise not been able to access residential treatment services) • The proper agency puts forth appropriate staff and clinical ratios which support the quality treatment, supervision, and safety of youth • The proposer agency puts forth effective approaches to meaningfully engage with the child/youth and family throughout the length of the program • The proposer agency has a high-quality approach to developing treatment plans including a focus on priority <u>treatment areas, which will</u> measures progress over time against clear objectives, and engages the child/youth and family in co-developing and shaping the child/youth's treatment • The proposer agency has a track record of effectively collaborating with partner agencies which suggests they can team effectively with the CME and the CAT to support successful transitions to community-based care • The proposer agency is committed to and puts forth effective approaches to monitor, evaluate, and reduce Restraint and Seclusion practices • The proposer agency proposes an effective approach to promote strong coordination, communication, and consistency within the residential, educational, and clinical aspects of the program.
Agency organizational capacity (25 points possible):
<ul style="list-style-type: none"> • The proposer agency puts forth a thoughtful, realistic, and feasible plan for implementation • The proposer agency has a demonstrated track record of either modifying and evolving their existing practice or launching and implementing new programs, which provides evidence of their ability to successfully implement their proposed program and plans • The proposer agency has a strong leadership/management team and organizational structure which supports the implementation of quality services • The proposer agency has or proposes effective systems and approaches to support the recruitment, retention, training, and promotion of quality staff • The proposer agency either has physical space to operate the program (or has a development plan for where the program would be located) and has a history of and/or commitment to working cooperatively with the local community • <u>Reserved</u>



Quality improvement (15 points possible):	
<ul style="list-style-type: none"> The proposer agency has demonstrated experience working to improve quality, results, and program performance (e.g., QA or CQI processes, soliciting and acting on client feedback, using qualitative information or quantitative data to help guide improvement efforts) that can be adjusted in partnership with BCBH and DCYF over time The proposer agency has experience successfully delivering a program with fidelity to a specific model. If the proposer has not delivered a specific model in the past, the proposer has a clear plan to implement the model <u>The proposer agency has clear and effective systems, processes, staff identified and policies in place that would allow them to collect program performance and participant data.</u> 	

7. Modify Section 3.3.2 Technical proposal questions, 2nd paragraph to read:

Vendors must complete a separate Appendix D, Technical Proposal Response Template for each program you propose. See RFP Section 7.3 Technical Proposal Contents, which has been modified in this Addendum #6 (below).

8. Add Section 3.5 Scoring Range

Proposals will be evaluated based on Section 3.3.1 technical proposal scoring criteria and Section 3.4.1 cost proposal scoring criteria. The maximum possible points available will be awarded according to the following scoring range:

<u>Technical Proposal Scoring Range</u>	<u>HIGH: Overall responses to each subsection exceeds the criteria in the RFP</u>	<u>MEDIUM: Overall Responses to each subsection meet the criteria in the RFP</u>	<u>LOW: Overall Responses to each subsections do not meet the criteria in the RFP</u>
<u>Program design (40 possible points)</u>	<u>26-40</u>	<u>11-25</u>	<u>0-10</u>
<u>Agency organizational capacity (25 possible points)</u>	<u>16-25</u>	<u>6-15</u>	<u>0-5</u>
<u>Quality improvement (15 possible points)</u>	<u>10-15</u>	<u>4-9</u>	<u>0-3</u>



Cost Proposal Scoring Range	HIGH: Costs are thought out are very appropriate and align with scope of work and goals	MEDIUM: Some costs are appropriate	LOW: Most costs are not appropriate
<u>Appendix E – Budget Template for Startup Costs and Appendix F Rate Setting Form (20 possible points)</u>	<u>13-20</u>	<u>5-12</u>	<u>0-4</u>

9. Modify Section 3.4.2 Cost Proposal scoring components to read:

3.4.2. Cost proposal scoring components

Proposers must submit a separate Cost Proposal, to correspond to and align with each program's Appendix D Technical Proposal Template. Cost proposals must include the following:

- **Appendix E, Budget Template for Startup Costs. Vendors need to submit an Appendix E only if requesting Start-up Costs. See Section 4.2 Start-up Costs for more information.**
- **Appendix F, Rate Setting Form. All Vendors must complete an Appendix F, Rate Setting Form. Only complete an Appendix F, Rate Setting Form for one, twelve-month period to reflect annual operating costs. See Section 4.2 Per-Diem for more information. Refer to Appendix F2, Rate Setting Form Instruction to complete Appendix F.**
- **Budget Narrative**

A Budget Narrative explains the specific line item costs included in each Appendix E, Budget Template for Startup Costs and Appendix F, Rate Setting Form above and their direct relationship to meeting the objectives of this RFP. The Budget Narrative must also explain:

- **How each staffing position pertains to the proposal and what activities they will perform.**
- **The rationale for why startup costs will be needed upfront, including the anticipated length of time. If a Vendor is not requesting start-up funding, please state that in the budget narrative.**

The Department reserves the right to consult with Department financial experts to assist the review team to evaluate a Vendors cost proposal.

The Department will use the proposed Appendix F- Rate Setting Form to determine a daily per diem rate (See Section 4.2).



In addition to the budgets and narratives, **Vendors must provide estimated costs for flexible funding and explain how and why you estimated those costs.** This will not be scored. This estimate will inform the Department of an amount, which may be included in the selected Vendors' contract. See RFP Section 4.2 below for more information about Flexible funding.

Please see Section 4, Finance below for more information.

10. Modify Section 4.1.3.3 to read:

Contract dollars (General Fund dollars) may be used to reimburse for expenses that are not covered by other funding sources i.e. private insurance, federal entitlement programs. Examples may include the following: uninsured youth who require residential treatment, room and board portion based on an appropriate allocation methodology when other funding is unavailable, any approved startup funds, and flexible funding.

11. Modify Section 4.2 description of payment structure, 1st bullet Start-up funding to read:

- **Start-up funding: The purpose of start-up funding is to support your organization to launch any new residential treatment programs and/or to assist current residential treatment programs with costs to meet the new requirements for residential treatment services in this RFP.**
 - **Start-up costs are considered as one-time costs you anticipate that will not be incurred on an ongoing basis.**
 - **Start-up costs are for activities, trainings, tangible items, etc. that a Vendor will need to invest in upfront in order to meet the requirements for admitting children, youth and young adults in to their residential treatment programs.**
 - **DHHS anticipates that such initial start-up periods will require funding to make key early investments such as: hiring program managers and clinicians, purchasing the rights to deliver selected EBPs, train workers on the EBPs, and/or lease physical space (if applicable). Additionally, startup costs may be required to bridge funding until your agency begins to serve clients and receive associated per diem rate payments.**
 - **Start-up costs will not be part of the per diem rate.**
 - **Example: a Vendor currently provides residential treatment, however does not meet the requirements in this RFP for Evidence Based Practices (EBP). The Vendor may submit start-up costs for the one-time expenses to purchase, license, and initially train staff. EBPs may require ongoing training, which then becomes an operational expense. This ongoing expense then would be included in Appendix F – Rate Setting Form.**



12. Modify Section 4.2 description of payment structure, 2nd bullet Per Diem Rate to read:

- **Per Diem Rate: Your submitted Appendix F – Rate Setting Form will be used to calculate a per diem rate for the corresponding scope of work, specifically to reimburse for operational costs, which are ongoing costs.**
 - **This per diem rate will be set for the term of the contract. Rates may be reviewed every two years to follow the State's biennium to consider rate adjustments.**
 - **This per diem rate is based on: a per child per day they receive the service, starting on the date of admission through the day of discharge.**
 - **Vendors will bill the Department monthly or other frequency accordingly to funding source and system being used to reimburse for the services.**
 - **The rate will account for bed utilization know as occupancy rate (See Appendix F – Rate Setting Form, tab 2144 and 1134.11)**
 - **Clothing to be built into the per diem at 1.00 per day per child. Flexible funding will be available to Vendors to access when there is a need for clothing that goes beyond normal use.**
 - **Additionally, the pharmacy and medical care is relative to the child's treatment at the facility. The parents and PCP and other providers will still be engaged for any physical health care needs that need to be addressed during their admission. Vendors will need the capability to administer all meds to children, youth, and young adults.**

13. Delete and replace Section 6, Proposal Process, Paragraph 6.2, Procurement Timetable with the following:

6.2 Procurement Timetable

Procurement Timetable		
(All times are according to Eastern Time. DHHS reserves the right to modify these dates at its sole discretion.)		
Item	Action	Date
1.	Release Date for RFP and Question Submission Period Opens	December 11, 2020
2.	Optional Vendor's Conference (Virtual)	January 14, 2021 9:00 – 11:00 am
3.	Optional Letter of Intent Submission Deadline	January 19, 2021
4.	RFP Questions Submission Deadline	January 19, 2021
5.	Department Response to Questions Published	February 5, 2021
6.	2 nd Phase of Question Submission Deadline	February 9, 2021
7.	Department Response to 2 nd Phase of Questions Submission	February 19, 2021
8.	<u>3rd Phase of Question Submission Deadline</u>	<u>February 23, 2021</u>
9.	<u>Department Response to 3rd Phase of Question Submission</u>	<u>February 25, 2021</u>
10.	Proposal Submission Deadline	March 8, 2021 11:59 PM



14. Modify Section 7.1.1. Overview to read:

7.1.1 Overview

- 7.1.1.1. Acceptable Proposals must offer all services identified in Section 2 - Statement of Work, as applicable to the Levels of Care the Vendor proposes. Vendors may provide residential services for one or more levels of care as described in Section 2.
- 7.1.1.2. Proposals must be submitted electronically as specified in Subsection 6.7.
- 7.1.1.3. Proposers must **submit separate electronic files** for each of the following proposal contents:
 - 7.1.1.3.1. General Contents. Documents in the file must include and follow the order in Section 7.2. Please name the file with your organizations name (abbreviated) and GC such as: **ABCInc GC.pdf. Only submit one set, inclusive of all the required documents in Section 7.2.**
 - 7.1.1.3.2. Technical Proposal Contents for each Program/**Level of Care and Tier.** Documents in the file must include and follow the order in Section 7.3. Please name each file with your organizations' name (abbreviated) and Tech, Program Name (abbreviated), Level of Care and Tier such as: **ABCIncCareTechL1T1.doc. Submit a Technical Proposal(s), separately, for each program identified in Appendix J.**
 - 7.1.1.3.3. Cost Proposal Contents for each Program/**Level of Care and Tier.** Documents in the file must include and follow the order in Section 7.4. Please name each file with your organizations' name (abbreviated), Cost, Program Name (abbreviated), Level of Care and Tier, and State Fiscal Year such as: **ABCIncCareCost L1T1 SFY21.pdf. Submit a Cost Proposal, separately, for each corresponding Technical Proposal.**
 - 7.1.1.3.4. Appendix B, Contract Monitoring Provisions (See Section 7.5). Please name the file with your organizations' name (abbreviated) and AppB such as: ABCIncAppB.doc. **Only submit once.**
 - 7.1.1.3.5. Audited Financial Statements (See Section 7.6). Please submit a separate file for each Fiscal Year and name each file with your organizations' name (abbreviated), FIN and Fiscal Year such as: **ABCIncFINFY20.pdf. Only submit one set, inclusive of all four years.**
 - 7.1.1.3.6. Appendix J, Summary of Proposed Levels of Care (See Section 7.7). Please submit a separate file and name the file with your organizations' name (abbreviated), and APPJ such as: **ABCInc APPJ.doc. Only submit once.**
- 7.1.1.4. See Appendix I, Proposal Checklist to assist with assembling your proposal.
- 7.1.1.5. Fax or hard copies will not be accepted.



15. Modify Section 7.3. Technical Proposal contents and et al to read:

7.3. Technical Proposal Contents

7.3.1 Appendix D, Technical Proposal

- 7.3.1.1 The Proposer must answer all questions and must include all items requested for the Proposal to be considered.
- 7.3.1.2 The Proposer must use the electronic template available (Appendix D, Technical Proposal Template)
- 7.3.1.3 The Proposer must complete the Appendix D, Technical Proposal Template for each program being proposed.

7.3.1.3.1 **The number of Appendix D, Technical Proposal Response Templates submitted must agree with the number of programs identified in Appendix J, Summary of Vendors Proposed Levels of Care.**

7.3.1.3.2 **The Proposer must determine for each program which Level of Care and Tier the program falls within as defined in this RFP.**

7.3.1.3.3 **For this RFP, a program is defined by design to address a particular need, or type of youth (gender, age, etc.) and/or type of treatment modalities used (adventure based, etc.).**

7.3.1.3.4 **Regardless if the program is colocated with another level or other program at the same level each program still requires its own proposal. If a program has multiple locations but only one program that would only need to be one proposal.**

7.3.1.4 Attachments that Proposer may include. **The Proposer may include attachments such as charts, tables, graphs, text, which provide further responses to the RFP questions in Appendix D. Please label the attachments and refer to them in Appendix D. The attachments will be considered part of the technical proposal response.**



16. Modify Section 7.4. Cost Proposal Contents to read:

7.4. Cost Proposal Contents

7.4.1. The following are required Appendices and statements that must be included with the Cost Proposal. The Proposer must complete the correlating forms found in the RFP Appendices.

7.4.1.1. **Appendix E, Budget Sheet for Start-up Costs, only if requesting start-up funding.**

7.4.1.2. Appendix F, Rate Setting Form. **Submit for one, twelve-month period to reflect annual operating costs.**

7.4.1.3. **Reserved**

7.4.1.4. Budget Narratives.

7.4.1.5. Estimated Costs for Flex Funding.

7.4.2. **The Proposer must complete the above for each corresponding Appendix D, Technical Proposal Response Template.**

17. Modify Section 9.5 Appendix E – Budget Sheet to read:

9.5 Appendix E – **Budget Template for Start up Costs.****

**** See #20 below.**

18. Modify Section 9.8 Appendix G- Program Staff List to read:

9.6 Appendix G – **Reserved.*****

***** Appendix G – Program Staff List is no longer a required Appendix to be submitted with a Vendor's cost proposal.**

19. Delete and replace Appendix D – Technical Proposal Response Template with 2/19/2021 version.

The new version adds space for typed responses below each subsection and adds a new section to provide a response for when programs and beds are co-located and beds are shared between programs. See the Document Library for the 2/19/2021 version of Appendix D found on this RFP's web page at: <https://www.dhhs.nh.gov/business/rfp/rfp-2021-dbh-12-resid.htm>

20. Delete Appendix E – Budget Sheet and replace with Appendix E Budget Template for Start-up Costs, dated February 19, 2021.

The Department replaces the budget form to a format that includes categories for types of start-up expenses. See the Document Library for the 2/19/2021 version of Appendix E found on the RFP's web page at: <https://www.dhhs.nh.gov/business/rfp/rfp-2021-dbh-12-resid.htm>



21. Delete and replace Appendix F – Rate Setting Form with 2/19/2021 version.

The Department replaces the Appendix F – Rate Setting Form to correct formula error on tab 2142B, and adds more lines for on the staffing tab. See the Document Library for the 2/19/2021 version of Appendix F found on the RFP's web page at:

<https://www.dhhs.nh.gov/business/rfp/rfp-2021-dbh-12-resid.htm>

22. Delete and replace Appendix I, Proposal Checklist with 2/19/2021 version.

This version updates to most recent procurement timetable found in Addendum #5. Also updates the checklist. See the Document Library for the 2/19/2021 version of Appendix I, found on the RFP's web: <https://www.dhhs.nh.gov/business/rfp/rfp-2021-dbh-12-resid.htm>

23. Delete and replace Appendix J, Summary of Vendors Proposed Levels of Care with 2/19/2021 version.

See the Document Library for the 2/19/2021 version of Appendix I, found on the RFP's web page: <https://www.dhhs.nh.gov/business/rfp/rfp-2021-dbh-12-resid.htm>